


# Retail Food Inspection Report

Floyd County Health Department

Telephone (812) 948-4726

Establishment Name WALGREEN'S #04447 (SPRING ST)		Telephone Number		Date of Inspection	ID#
Address 1702 EAST SPRING STREET, NEW ALBANY IN 47150		Est 812-949-5015 Own 847-527-4208		05/13/2021	
Owner WALGREEN CORPORATE OFFICES		Purpose <input checked="" type="checkbox"/> Routine		Follow Up	Released 05/23/2021
Owner's Address P.O. BOX 901 DEERFIELD, IL 60015-4681		<input type="checkbox"/> Follow-up		Menu Type 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/>	
Person in Charge KEVIN MITCHELL		<input type="checkbox"/> Complaint			
Responsible Person's Email LINDSEY.SPALDING@WALGREENS.COM		<input type="checkbox"/> Pre-Operational			
Certified Food Handler		<input type="checkbox"/> Temporary			
		<input type="checkbox"/> HACCP			
		<input type="checkbox"/> Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"					
Section #	C	NC	R	Narrative	To Be Corrected
218		X		Observed water in light shield on ceiling of walk in fridge.	5/21/21
394		X		Observed trash on the ground of dumpster corral.	5/20/21
Summary of Violations      C <u>0</u> NC <u>2</u> R <u>0</u>					
Received by (name and title printed): KEVIN MITCHELL			Inspected by (name and title printed): Christa Manus EHS		
Received by (signature):			Inspected by (signature): 		
cc:		cc:		cc:	